Facilitating Referrals Between Diabetes Self-Management **Programs:** Working towards a

Diabetes Education

common goal

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Diabetes Self-Management Education



- Reduces hospital admissions and readmissions
- Lowers A1c
- Reduces onset &/or advancement of diabetes complications
- Improved lifestyle behaviors: healthy eating and exercise
- Enhanced self-efficacy and empowerment
- Increased healthy coping skills

Diabetes Self-Management Education

- The ongoing process of facilitating the knowledge, skill and ability necessary for diabetes self care
- o This process incorporates the needs, goals and life experiences of the person with diabetes & is guided by evidence-based research

DSME: Objective

- To support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team.
- To improve clinical outcomes, health status, and quality of life.
- Is an interactive, collaborative, ongoing process
- involving the person with diabetes (or the caregiver or families) and a diabetes educator(s).

Diabetes Self-management Education and support in Type 2 Diabetes: a joint position statement of the ADA, AADE and AND. 2015

Diabetes Self-Management Support

- Activities that assist the person with diabetes in implementing and sustaining the behaviors needed to manage condition on an ongoing basis
- The type of support provided can be behavioral, educational, psychosocial, or clinical.

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Diabetes Educators

 Nurses, pharmacists, dietitians, and other healthcare professionals with special training in diabetes care who counsel patients on how to incorporate healthy behaviors into their lives.



Diabetes self-management education/training addresses 7 self-care behaviors known as the AADE7TM. These behaviors are:

- 1. Healthy eating
- 2. Being active
- 3. Monitoring
- 4. Taking medication
- 5. Problem solving
- 6. Healthy coping
- 7. Reducing risk

TAKING CONTROL



It takes more than a village

Complimentary programs to support diabetes management

Diabetes Self-Management Education / Training

Stanford's Diabetes Self-Management Program

Diabetes Prevention Program

Complimentary Programs

Diabetes Self-Management Education

- Diabetes: T1DM or T2DM
- At diagnosis, annual, with complicating factors and transitions in care

Diabetes Self-Management Program

 Ideal for T2DM, especially for people with history of poor blood glucose control

Complementary Programs

DSME

- Accredited / recognized by AADE or ADA
- Referrals by healthcare providers

DSMP

- Recognized
 Stanford program,
 control trial tested
- Self, community or HCP referrals

DSME / DSMP / DPP

Facilitator Or Instructor	Licensed Health Professional (Nurse, dietitian, and/or a certified diabetes educator) coach	Two lay leaders (at least one with diabetes)	Typically led by one lifestyle coach who is also affiliated with a Recognized (or Pending Recognition) Diabetes Prevention Program.
Intended outcome	Focuses on medical management of the disease & lifestyle management	Focuses on management of lifestyle behaviors and emotional management	Focuses on diet and exercise and behavior modification
Program Length	10 hours (1-2 hours individual counseling; 8-9 hours in group)	15 hours, all in group (2.5 hours/week for 6 weeks) approximately 5 hours of diabetes content	Year-long program Core sessions: 1 hour a week ~16 weeks Poste Core: 1 hour per month for 6 months

Patient Referrals

Pre-Diabetes

1)Diagnosis of pre-diabetes2)Risk factors for diabetes

Preventing
Diabetes
Class

UMCDE BWMC T1DM or T2DM

1)New diagnosis

2)Inadequate glycemic control

3)Change in treatment plan

Diabetes Self Management Education

> UMCDE BWMC

T2DM

1)Needs refresher

2)Challenged by DM self care habits

3)No insurance

Diabetes Self Management Program

Dept of Aging & Disabilities : Living Well

Theresa

- T2DM, A1c = 9.7% 12/2013, Endocrinologist recommends DSME 2013
- Theresa attends 4 classes, struggles with self care habits, stressful job biggest obstacle
- Theresa retires, visit 1/2014 A1c = 9.2%, more time for exercise/self care habits
- 5/2015, A1c = 9.9%Struggles with DM control, returns for individual appt,
- Pt improves exercise & meds, 8.5% 7/2015
- 1/2016, A1c= 11.1%, struggling refer to DSMP and Support Group and CDE, 8/2016- 9.6%

ShopRite of Glen Burnie
in partnership with
AA Co. Dept of Aging and
BWMC
Present:

Living Well with Diabetes

A six week workshop designed to help manage your diabetes; including how to manage your blood sugar, how to count carbohydrates, how to avoid complications, how to read labels and much more.





Glen Burnie Public Library

Connections

Community DSMP

- Send flyer to RDs in and out pt setting
- Send flyer to office staff at Diabetes Center office, CDEs, Endocrinologist
- Refer pt struggling, refuse CDE, need extra support

Grocery Store RDs

- Meet, share business cards
- Recommend grocery store tours
- Promote weight loss classes
- Promote cooking demos
- Attend health fair or give marketing info to RD to distribute at health fair

Non-Compliant

- Medical label
- Not specific
- Not problem solving
- Shameful
- Not helpful

Non-Compliant to Self Care Hair Care



Complaint Hair Care

- Wash & condition, towel dry and wide comb
- Proper product for styling
- Dry with fingers
- Dry with brush
- Additional appropriate product for ironing
- Flat iron
- Hair spray applied with fingers
- Brush hair BID

My reasons/excuses for non-compliance

- Genetics
- No time
- Products too costly
- No skill, too difficult
- Time consuming
- Not so bad natural hair

Goal: better hair

- Each time at appointment, learned new skill
- Asked for description as she worked on hair
- Asked for observation as I tried the skill
- Practiced new skill as often as I could
- Planned spending 2 mornings on styling hair
- Linked hair brushing to flossing and brushing teeth
- Grace

Rome: June 2016

